

CITY OF CORUNNA
Basement Flooding

Complaint Intake Form

Date Call Was Received: _____ Time: _____

Caller's Name: _____

Caller's Address: _____

Phone Number: _____

Name of Owner, Phone Number,
and Addresses of Affected Property: _____
(If different from above) _____

Reason for Complaint/
Description of
Event: _____

Date of Discovery of Event: _____

_____ A Notice of Claim Packet was sent to caller?
Date Mailed; _____

_____ The caller was informed of the requirement of written notice to be sent to
the City within 45 calendar days of discovery of the event.

Call Taken By: _____